

## TRAVEL EXPENSE CLAIM

STD. 262 (REV. 10/92) EF

See Instructions and \*Privacy  
Statement On Reverse Side

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CLAIMANT'S NAME George Valverde		SSAN OR EMPLOYEE NUMBER*		DEPARTMENT Motor Vehicles	
POSITION Director	CB/ID NUMBER	DIVISION OR BUREAU Executive		INDEX NUMBER	
RESIDENCE ADDRESS *		HEADQUARTERS ADDRESS 2415 First Avenue		TELEPHONE NUMBER 916-657-6940	
ZIP CODE		CITY Sacramento	STATE CA	ZIP CODE 95818	

(1) MONTH/YEAR 02/03 2009		(3)	(4)	(5)	MEALS		(6)	(7) TRANSPORTATION				(8)	(9)	
(2) DATE	TIME	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	INCIDENTALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
											MILES	AMOUNT		
Feb.														
26	1613 1755	Sacramento							SC	9.00				9.00
March														
6	0730 1700	Sacramento/Berkeley/ Return							SC	15.00				15.00
11	1317 1516	Sacramento							SC	10.50				10.50
12	0715	Sacramento/Torrance via Los Angeles	122.25		10.00	18.00			SC a					150.25
13	1430	Torrance/Sacramento via Los Angeles		6.00	10.00		6.00		a SC	30.00				52.00
17	1550 2110	Sacramento							SC	15.00				15.00
23	1415 1514	Sacramento							SC	4.50				4.50
24	1501	Sacramento/Burbank/ Montebello	124.30			18.00			SC a					142.30
25	1653	Montebello/Burbank/ Sacramento		6.00	10.00		6.00		a SC					22.00
(10) SUBTOTALS			246.55	12.00	30.00	36.00	12.00			84.00				420.55

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

\$ 420.55

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

See attached

Travel required to attend a symposium on privacy issues at the Berkeley Center for Law and Technology; accepted the Green Culture Award for DMVs Green Departmental Culture; went to Southern California to meet with various DMV Field Office staff to discuss current issues impacting the DMV, including but not limited to the ratification of the union agreement, furloughs, and other projects currently in process.

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE  
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rates as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle.

CLAIMANT'S SIGNATURE

DATE

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse)

DATE